



MISSOURI DEPARTMENT OF NATURAL RESOURCES
GEOLOGICAL SURVEY PROGRAM

FORM OGC-31

INJECTION WELL PERMIT APPLICATION
(TO DRILL, DEEPEN, PLUG BACK, OR CONVERT AN EXISTING WELL)

NOTE ▶	Permit approval for drilling only, not injection . Approval or denial for injection determined after Mechanical Integrity Test results reviewed and official notification given.						
<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> APPLICATION TO DRILL<input type="checkbox"/> DEEPEN<input type="checkbox"/> PLUG BACK<input type="checkbox"/> CONVERSION</div>							
NAME OF COMPANY OR OPERATOR						DATE	
ADDRESS				CITY		STATE	ZIP CODE
DESCRIPTION OF WELL AND LEASE							
NAME OF LEASE				WELL NUMBER		ELEVATION (GROUND)	
WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES) _____ FT. FROM (N) (S) SEC. LINE _____ FT. FROM (E) (W) SEC. LINE							
WELL LOCATION		SECTION	TOWNSHIP	RANGE	LATITUDE	LONGITUDE	COUNTY
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE _____ FEET							
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED – FOR WELL ON THE SAME LEASE _____ FEET							
PROPOSED DEPTH		ROTARY OR CABLE TOOLS		DRILLING CONTRACTOR, NAME AND ADDRESS			APPROX. DATE WORK WILL START
NUMBER OF ACRES IN LEASE		NUMBER OF WELLS ON LEASE, INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR _____ NUMBER OF ABANDONED WELLS ON LEASE _____					
IF LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME _____ ADDRESS _____						NO. OF WELLS: PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____	
STATUS OF BOND		<input type="checkbox"/> SINGLE WELL AMOUNT \$ _____		<input type="checkbox"/> BLANKET BOND AMOUNT \$ _____		<input type="checkbox"/> ON FILE <input type="checkbox"/> ATTACHED	
REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED.)							
PROPOSED CASING PROGRAM				APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST			
AMOUNT	SIZE	WT/FT	AMT. OF CEM.	AMOUNT	SIZE	WT/FT	AMT. OF CEM.
I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.							
SIGNATURE				DATE			
PERMIT NUMBER				<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED</div><div style="width: 50%;"><input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN</div><div style="width: 50%;"><input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN</div><div style="width: 50%;"><input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO. REQUIRED IF RUN</div><div style="width: 50%;"><input type="checkbox"/> SAMPLES REQUIRED</div><div style="width: 50%;"><input type="checkbox"/> SAMPLES NOT REQUIRED</div><div style="width: 50%;"><input type="checkbox"/> WATER SAMPLES REQUIRED AT</div></div>			
APPROVED DATE							
APPROVED BY							
NOTE ▶		THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION. APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITEE.					

I _____ of the _____

Company confirm that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by presence of a permit number and signature of authorized Council representative.

DRILLER'S SIGNATURE

DATE

PROPOSED OPERATIONS DATA

PROPOSED AVERAGE DAILY INJECTION,	PRESSURE _____ PSIG, RATE _____ BPD/GPM, VOLUME _____ BBL/GAL
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APPROVED AVERAGE DAILY INJECTION, (TO BE FILLED IN BY STATE GEOLOGIST).	PRESSURE _____ PSIG, RATE _____ BPD/GPM, VOLUME _____ BBL/GAL
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PROPOSED MAXIMUM DAILY INJECTION,	PRESSURE _____ PSIG, RATE _____ BPD/GPM, VOLUME _____ BBL/GAL
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APPROVED MAXIMUM DAILY INJECTION, (TO BE FILLED IN BY STATE GEOLOGIST).	PRESSURE _____ PSIG, RATE _____ BPD/GPM, VOLUME _____ BBL/GAL
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ESTIMATED FRACTURE PRESSURE GRADIENT OF INJECTION ZONE	PSI/FOOT
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DESCRIBE THE SOURCE OF THE INJECTION FLUID

NOTE ► SUBMIT AN APPROPRIATE ANALYSIS OF THE INJECTION FLUID. (SUBMIT ON SEPARATE SHEET)

DESCRIBE THE COMPATIBILITY OF THE PROPOSED INJECTED FLUID WITH THAT OF THE RECEIVING FORMATIONS, INCLUDING TOTAL DISSOLVED SOLIDS COMPARISONS.

GIVE AN ACCURATE DESCRIPTION OF THE INJECTION ZONE INCLUDING LITHOLOGIC DESCRIPTIONS, GEOLOGIC NAME, THICKNESS, DEPTH, POROSITY, AND PERMEABILITY.

GIVE AN ACCURATE DESCRIPTION OF THE CONFINING ZONES INCLUDING LITHOLOGIC DESCRIPTION, GEOLOGIC NAME, THICKNESS, DEPTH, POROSITY, AND PERMEABILITY.

SUBMIT ALL AVAILABLE LOGGING AND TESTING DATA ON THE WELL

GIVE A DETAILED DESCRIPTION OF ANY WELL NEEDING CORRECTIVE ACTION WHICH PENETRATES THE INJECTION ZONE IN THE AREA OF REVIEW (½ MILE RADIUS AROUND WELL). INCLUDE THE REASON FOR AND PROPOSED CORRECTIVE ACTION.

